



City of Cleveland Commercial Demolition Permit Application

APPLICATION MUST BE COMPLETELY FILLED OUT USING BLACK OR BLUE INK

Date: _____

Job Site Address: _____

Business Name: _____

Owner Name & Mailing Address: _____

Owner Phone Number: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone Number: _____ Fax Number: _____

Contractor E-mail: _____

Will you be hauling debris or using a Waste Management Roll-Off? **

**If using Waste Management, proof of rental agreement must be submitted with permit application.

**If self hauling proof of waste manifest must be submitted.

Proof of rental of portable restroom must be submitted with permit application.

Total Demolition Cost: _____

Signature of Applicant: _____

Office Use Only

Permit Number: _____

Pymt. Method: _____

Total: \$100.00

Signature of City Employee: _____